

SERIAL NO. 097763481 FILING DATE 02/02/2001  
(703) 203-6421

APPLICANT(S)

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	X		/			
7	D		/			
8	D		/			
9	D		/			
10	D		/			
11	D		/			
12	D		/			
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TOTAL IND.	/		/			
TOTAL DEP.	18	↔	12	↔		
TOTAL CLAIMS	19	13				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS